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AUTHOR Delworth, Ursula; And Others
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ABSTRACT

The first paper, written by a paraprofessional, discusses the unclarity of the role of paraprofessionals and proceeds to elaborate on the different things which the paraprofessionals do in their work at a university counseling center. The second suggests that, where paraprofessionals are involved, the bulk of supervision should be directed at enhancing their growth. Supervision is viewed as the key to an ongoing evaluation program. Traditional selection procedures are critically evaluated in the third paper and the work of the New Careers movement and that of Carkhuff (1969) set down as promising models for selecting paraprofessionals. In the fourth paper, a general outline for training is presented. Both general skills (e.g., interpersonal) and specific skills (e.g., those which are job-related) are viewed as essential. Over 30 pertinent books and articles comprise the annotated bibliography. (TL)

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PARAPROFESSIONALS IN PSYCHOLOGY

Annotated Bibliography

Ursula Delworth, Ph.D.
Colorado State University
Fort Collins, Colorado

Albee, G. W. Models, myths, and manpower. Mental Hygiene, 1968, 52(2), 163-180.

Expresses pessimism about viable training and career opportunities for paraprofessionals in mental health settings as long as the "disease model" prevails.

American Personnel and Guidance Association, Professional Preparation and Standards Committee. Support personnel for the counselor: Their technical and non-technical roles and preparation. Personnel and Guidance Journal, 1967, 45, 857-861.

"It is the position of the Association that appropriately prepared support personnel, under the supervision of the counselor, can contribute to meeting counselees' needs by enhancing the work of the counselor."

Beck, J. C., Kantor, D. and Gelineau, V. Follow-up study of chronic psychotic patients "treated" by college case-aid volunteers. American Journal of Psychiatry, 1963, 120, 269-271.

Results show that 31% of patients with whom college-aid volunteers worked were released from the hospital during the time of their treatment with the volunteers. Some discussion on appropriate training for volunteers is included.

Calia, V. F. The culturally deprived client: A re-formulation of the counselor's role. Journal of Counseling Psychology, 1966, 13(1), 100-106.

"The counseling process, as currently conceived, is highly incongruous with the life style of the poor." Sets a theoretical base for development of paraprofessional programs.

Cammaert, L. P. The relationship between rigid thinking and attitudes toward lay counselors: a national survey of professional counselors and counselors-in-training. Unpublished doctoral dissertation, University of Oregon, 1968.

Indicates that counselors-in-training are less positive toward paraprofessionals than are professional counselors.

Carkhuff, R. R. Helping & Human Relations, Vols, I & II, New York: Holt, Rinehart and Winston, Inc., 1969.

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Two volume presentation of theory and research on the core facilitative and action-oriented dimensions for change in persons being helped. The books include rating scale and strategies for selection and training of paraprofessionals. These are important reading for anyone involved with paraprofessional programs.

Carkhuff, R. R. Lay mental health counseling: Prospects and problems. Journal of Individual Psychology, 1968, 24(1), 88-93.

". . . the lay counselor and the treatment he offers appear to have the following distinctive advantages compared to his professional counterpart: a) increased ability to enter the milieu of the distressed; b) ability to establish peer-like relationships with the needy; c) ability to take an active part in the client's total life situation; d) ability to empathize more effectively with the client's style of life; e) ability to teach the client from within his frame of reference more successful actions; f) ability to provide the client with a more effective transition to more effective levels of functioning within our social system."

In the light of these findings, author suggests an elevation of the professional's role to the very difficult one involving not only practice but training, supervision, consultation on preferred modes of treatment, and research.

Carkhuff, R. R. & Truax, C. B. Lay mental health counseling: the effects of lay group counseling. Journal of Counseling Psychology, 1965(b), 29, 426-431.

Attempt to evaluate the effectiveness of lay personnel (mostly aides) trained for 100 hours and showing high levels of empathy, warmth and genuineness. Outcome criteria were hospital discharge rates and pre- and post-ratings of ward behavior; significant improvement over Control group was found in ratings.

Cowen, E. L., Gardner, E. A., & Zax, M. Emergent approaches to mental health problems. New York: Appleton-Century-Crofts, 1967.

Explores the manpower crisis in mental health and outlines programs utilizing paraprofessionals, especially in low income and educational settings. The book contains excellent chapters on the problems in providing viable mental health services. This book is an important one for psychologists and those interested in designing programs to train mental health workers.

Crane, J. K. & Anderson, W. College counseling directors' attitudes concerning the use of paraprofessionals. Unpublished paper, University of Missouri, 1971.

One hundred twenty-one counseling center directors (out of a sample of 162) returned a questionnaire dealing with the use of paraprofessionals in counseling centers. Activities by paraprofessionals

which received strong approval were: 1) tutoring disadvantaged students; 2) big brother to the disadvantaged; 3) freshman orientation counseling; and 4) research assistant.

A total of 84 directors are currently using paraprofessionals.

Ellsworth, R. B. Nonprofessionals in psychiatric rehabilitation. New York: Appleton-Century-Crofts, 1968.

Presents conceptualization implementation and evaluation of a program to use psychiatric technicians as viable mental health agents. Though not directly related to higher education, this volume presents well the difficulties in establishing innovative personnel programs.

Gartner, A. Do paraprofessionals improve human services: A first critical appraisal of the data. New York: New Careers Development Center, New York University, 1969.

Covers many evaluations done in key areas such as mental health, education, and social services. The booklet also describes briefly New Careers programs which have been initiated in several hundred colleges.

Grosser, C., Henry, W. E., & Kelly, J. G. (eds.) Nonprofessionals in the human services. San Francisco: Jossey-Bass, Inc., 1969.

The book is a collection of articles which grew out of a collaborative effort between the National Association of Social Workers and the American Psychological Association. A number of the articles deal with paraprofessionals in mental health fields. It is a good overview of the development of the paraprofessional concept in two major fields.

Guerney, B. G. Psychotherapeutic Agents: new roles for nonprofessionals, parents, and teachers. New York: Holt, Rinehart, and Winston, Inc., 1969.

Includes a wide variety of articles, many mentioned elsewhere in this bibliography. The author includes a wealth of suggested additional readings. This book is a good place to begin!

Haase, R. F., & DiMattia, D. J. The application of the micro-counseling paradigm to the training of support personnel in Counseling. Counselor Education and Supervision, Fall, 1970, X, 16-22.

The results of this study support: a) the efficacy of training support personnel in human relations skills via the micro-counseling paradigm.

Hadley, J. M. & True, J. E. The associate degree in mental health technology. Unpublished paper, Purdue University, 1967.

Case study of the first associate degree program in mental health to be established in an American college.

Halpern, W. I. The community mental health aide. Mental Hygiene, 1969, 53(1), 78-83.

Discusses the use of the indigenous nonprofessional in a child guidance clinic. The section on problem areas appears quite applicable to use of indigenous personnel (students) in higher education.

Hartog. J. Nonprofessionals as mental health consultants. Hospital and Community Psychiatry, 1967, 18(8), 17-19.

Describes use of nonprofessionals as ancillary mental health personnel at a mental health consultation service at Ft. Devers, Mass.; good introduction to this area; no statistical tests of effectiveness.

Harvey, L. V. The use of nonprofessional auxiliary counsellors in staffing a counseling service. Journal of Counseling Psychology, 1964, 11, 348-351.

Presents selection and training procedures used in marriage counseling services in Australia, where the centers are mainly staffed by nonprofessionals.

Ishiyama, T., Grover, W., & Patterson, J. Milieu changes complement aide education. Hospital and Community Psychiatry, 1966, 17, 158-160.

Nonprofessionals will not use innovative approaches being taught unless the "system" changes to reward this behavior. It is a very good discussion of what we as professionals need to do to get ourselves together!

Lief, H. I. Sub-professional training in mental health. Archives of General Psychiatry, 1966, 15, 660-664.

Lief advocates new sub-profession of "mental health therapist" (4-5 year program) to meet manpower shortage).

Magoon, T. M. & Golann, S. E. Nontraditionally trained women as mental health counselors-psychotherapists. Personnel and Guidance Journal, 1966, 44(8), 788-793.

Evaluates the results of the initial NIMH project (Riocn to train mature women as mental health counselors. Results indicate these women are providing creditable professional service. Good summary of professional statements regarding who should perform counseling psychotherapy.

McLennan, B. W., Klein, W., Pearl, A., & Fishman, J. Training for new careers. Community Mental Health Journal, 1966, 2, 135-141.

Gives guidelines for training program which must include:
1) definition of nonprofessional roles and responsibilities;
2) selection and training of aides;
3) selection and training of instructors and OJT supervisors;
4) orientation of agency administration and staff;
5) educational accreditation for the program;
6) give consideration to kinds of training models -- where program should be housed, etc.;
7) evaluation and refining of program.

Pearl, A. & Riessman, F. New careers for the poor, New York: The Free Press, 1965.

Presentation of the New Careers concept as a way to reduce poverty and offer viable careers to those who are now "locked out." (A must for anyone dealing with paraprofessionals).

Poser, E. G. The effect of therapist's training on group therapeutic outcome. Journal of Consulting Psychology, 1966, 30, 283-289.

Mental hospital patients were treated in groups by qualified therapist or untrained college students. Outcome measures gave the edge to the students.

Riessman, F. Strategies and suggestions for training nonprofessionals. The Community Mental Health Journal, 1967, 3(2), 103-110.

Nonprofessional is "new marginal man," and needs help in clarifying identity. Nonprofessionals have many positive characteristics, some which may interfere with "helper" role. Training: 1) pre-job (brief); 2) OJT (decisive). Recommendations: 1) don't demand "deep identification with poor"; 2) make process of obtaining job short and simple; 3) provide constant support and assistance; 4) use group interview to select applicants; 5) don't allow nonprofessionals to expect "magic" from training; 6) establish career lines; 7) encourage nonprofessional unions; 8) expect much learning on one-to-one basis; 9) reduce anxiety of nonprofessional; 10) expect committment to the poor.

Riessman, F. & Popper, H. I. Up from poverty: new career ladders for nonprofessionals. New York: Harper and Roe, 1968.

Continues discussion of the New Careers concept as presented in New Careers for the Poor, and includes specific training programs.

Riessman, F. & Hallowitz, E. The neighborhood service center: an innovation in preventive psychiatry. American Journal of Psychiatry, 1967, 123:11, 1408-1413.

Report on innovative community program using indigenous nonprofessionals.

Sobey, F. The nonprofessional revolution in mental health. New York: Columbia University Press, 1970.

Study of over 10,000 nonprofessionals working in 185 NIMH sponsored projects. Functions, recruitment, training and evaluation are covered. This seems to be the most complete, up to date report on current status of paraprofessionals engaged in mental health services.

Truax, C. B. & Lister, J. L. Effectiveness of counselors and counselor aides. Journal of Counseling Psychology, 1970, 17(4), 331-334.

A comparison of effectiveness of rehabilitation counselors and untrained counselor aides under three case management conditions (counselor alone, counselor assisted by aide, and aide alone). Greatest client improvement resulted when aides handled cases alone; least when counselors were assisted by aides.

Umbarger, C. C., Dalsimer, J. S., Morrison, A. P., & Breggin, P. R. College students in a mental hospital, New York: Grune and Stratton, 1962.

Report of the Haward-Radcliffe project in which student volunteers worked with hospitalized mental patients. The book is written by four students, and includes a good deal of information on training and volunteer perceptions. Excellent for 1962 -- a bit dated now.

Vidaver, R. M. The mental health technician: Maryland's design for a new health career. Paper by State of Maryland Department of Mental Hygiene, 1968.

Presentation of rationale and plan for implementation of a major paraprofessional program. Excellent ideas on training and good bibliography.

Zunker, V. G. & Brown, W. F. Comparative effectiveness of student and professional counselors. Personnel & Guidance Journal, 1966, 44, 738-743.

Beginning freshman students were counseled by either professional or student counselors. Test, questionnaire, and scholarship data were employed to evaluate the comparative effectiveness and acceptability of counseling given the professional counseled and the student counseled groups. Student counselors were found to be as effective as professional counselors on all criteria of counseling effectiveness.

New Careers Training Laboratory, 184 Fifth Ave., New York, N.Y. 10010.

Variety of fairly helpful training materials. Write for list of publications.

Presented at the meeting of the Rocky Mountain Psychological Association, May 12-15, 1971, Denver, Colorado

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SELECTION OF PARAPROFESSIONALS

Ursula Delworth
Colorado State University

"Traditional selection procedures have been primarily intellective in nature and have yielded essentially negative results in terms of the discrimination of effective helpers" asserts Robert Carkhuff (1969, Vol. I, p. 79). His work, and that of others (Eysenck, 1952; Bergin, 1966) testify strongly in favor of this statement. The tremendous "explosion" in the utilization of paraprofessionals paralled in time professional discouragement with these traditional procedures as well as the development of new programs utilizing personnel for whom these procedures were clearly inappropriate.

This confusion has led both to avoid in selection procedures and to development of viable new methods. A brief look at the current situation indicates a number of models.

The majority of educational institutions training paraprofessionals in one or two year programs have used no selection criteria beyond eligibility to enroll in the institution. The rationale here is to keep the door open for potential paraprofessionals, and that the training experience gives time and opportunity for self-selection. Generally, then, these programs leave selection to the employers of paraprofessionals.

There is merit in the "open door" approach. One questions, however, if institutions can continue (or do at present) to offer a high quality training experience to the ever-increasing number of persons who desire to become paraprofessionals. If they cannot, they will be forced to offer a less viable program or to begin to select those to whom they will offer training.

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Employers of paraprofessionals, on the other hand, have been forced to use selection procedures, for they simply can't hire all those who might want to work. Traditional measures such as evaluation of education and experience, recommendations, and individual interviews continue to be utilized. Sometimes this approach has tied in with need to follow Civil Service procedures, in other cases the procedures have been set up by the agencies themselves.

Two distinct developments have contributed the main exciting, relevant, and innovative ideas and procedures to the selection problem.

The first of these is the work of the New Careers movement (Pearl and Riessman, 1965; McLennon et al, 1966; Riessman and Popper, 1968) which offers employment and concurrent education as a way out of poverty. New Careers developers clearly articulated the concept of necessity for a close tie between selection procedures and the job to be done. Training was perceived as mainly of the in-service type, so it was essential to hire those who could begin to function immediately.

Among the techniques developed has been an extensive use of role-playing and simulation experiences, in order to evaluate the applicant's functioning in a close-to-real situation. In some cases, actual recipients of the agency's service are hired to take part in simulation and interview experiences, and then give feedback to the employer regarding the performance of the applicant. These techniques emphasize the strengths inherent in the life style of many poor persons, that of acting on a problem rather than merely talking about it.

Riessman also advocates a group interview procedure in which one or more interviewers meet with several applicants. This is a way of observing

how potential paraprofessionals interact with peers rather than just with the agency representative.

The second promising development is the work of Carkhuff (1969). He has defined as a selection principle the idea that the best index of whether a person will be helpful to others is his current functioning as a helping person. He utilizes scales of discrimination (in which the applicant chooses the most helpful response from four possible responses) and communication (in which the applicant formulates his own helping response) in selecting those who will receive further training. The scales are based on his research with the facilitative and action-oriented dimensions relevant in the helping process. The model can be applied to both professional and paraprofessional programs. Carkhuff advocates the selection of those who are currently rated as "most helpful" on the scales, since these persons have the most potential. This assumes trainers who are functioning at still higher levels than the trainees, however.

Carkhuff also suggests the use of a training anologue, that is, a very brief training session, as part of the selection process. He asserts that those who can utilize a small amount of training effectively will be best able to utilize an extended training experience.

From these approahces it is possible to articulate several principles of good selection:

1. Clarify and prioritize the expectations for the job. What will the paraprofessional be doing, and what tasks are most important?
2. Develop selection procedures which will measure ability to perform the tasks required by the job.

3. Develop selection procedures which are congruent with the life style and operational modalities of the applicants.
4. Apply the procedures to discover how the applicant currently functions on the relevant dimensions.

Application of these principles calls for a massive reorientation in much of our thinking. In some cases, whole systems (such as Civil Service) will have to be altered. These changes are already taking place in a number of state governments, in educational institutions, and various agencies. Extended application of these ideas in the selection process should lead to more effective and efficient training, and to the offering of more viable service by paraprofessionals.

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Bergin, A. E. Some implications of psychotherapy research for therapeutic practice. Journal of Abnormal Psychology, 1966, 71, 235-246.

Carkhuff, R. R. Helping and Human Relations, Vols. I & II, New York: Holt, Rinehart and Winston, Inc., 1969.

Eysenck, H. J. The effects of psychotherapy: an evaluation. Journal of Consulting Psychology, 1952, 16, 319-324.

McLennan, B. W., Klein, W., Pearl, A., & Fishman, J. Training for new careers. Community Mental Health Journal, 1966, 2, 135-141.

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THE TRAINING OF PARAPROFESSIONALS

Ed Rudow

Training by definition implies a lack of knowledge on the part of the trainee; how little or great this dearth of knowledge is must be ascertained before any training can begin. The first consideration in a training program should be a means of evaluating the competence level of any individual who desires to enter the program. At first reading this may seem overly elementary; however, too often this aspect of training if not overlooked entirely is done in some haphazard manner. In order to do any evaluation it must be known what qualities aptitudes, skills, and knowledge is going to be required of both the trainee and later the fully trained paraprofessional. The evaluation process therefore dictates that the eventual job of the paraprofessional be fully analyzed into its component parts. Such an analysis serves a two-fold purpose: it helps in determining in what areas the perspective trainee should be evaluated, and secondly, it prescribes what areas and particulars should be covered in the training program. The evaluation itself can be accomplished by any number of methods: paper and pencil exams, situational tests, interviews, Carkhuffian techniques, etc.

While any particular paraprofessional program will have its own specific problems and requirements, what follows is a general outline which can be adapted to the idiosyncratic needs of any program. Training should be divided into two major areas, general and specific. General training would cover those skills which are common to most paraprofessional programs; more specifically, interpersonal skills. This type of training would be best accomplished by work-shops, t-groups, encounter groups, role playing, etc.

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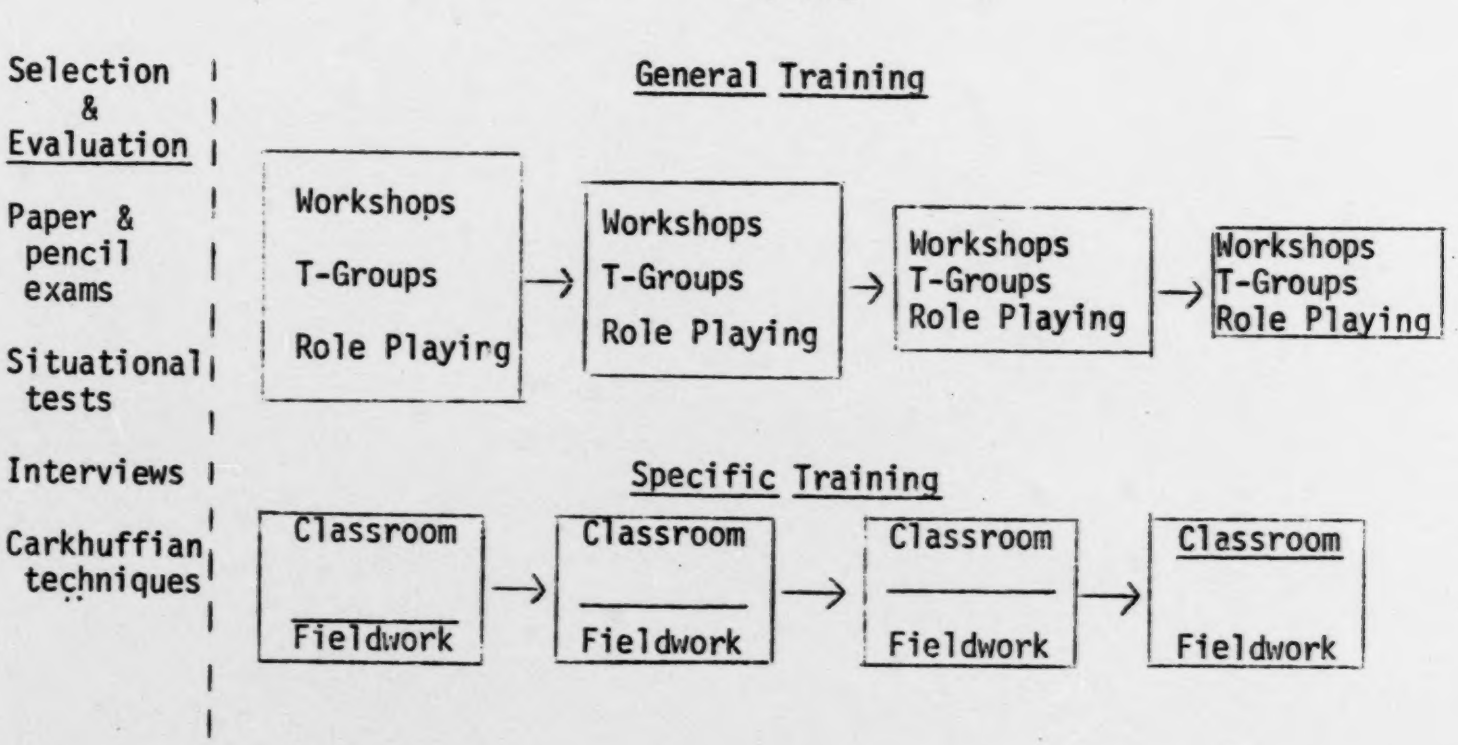
Specific training would be given in job-related skills, handling of administrative problems, ethical standards, familiarization with work environment, peers and clients. This training would be accomplished by both classroom instruction and supervised field work.

Below is a model for the training process outlined above:



The selection and evaluation aspect of the model has been discussed above and need no further discussion at this point.

The time dimension of the model can not be fixed nor can the number of stages in either the general or specific training dimensions; it should be obvious that different paraprofessional jobs will have different time requirements for training and how this time is broken into training stages would be whatever is most advantageous.

As for the general training dimension, it would be hoped that if the training goals were being met less and less time would have to be devoted to this area; consequently, the model diagrams this area as decreasing in size over time.

In the area of specific training it can be seen that as time passes less time is spent in the classroom while more time is spent in the field. One aspect which is not presented in the model but deserves attention is in regard to the use of time in both the classroom and the field. Initially, classroom time should be spent on the specific areas noted above; the impartment of knowledge can be accomplished in any number of traditional means, i.e., lectures, readings, movies, video-tapes, simulations, etc. Later in the program, however, this time could be more wisely spent by allowing trainees an opportunity to discuss their field experiences as they relate to those things which they have been taught in the classroom.

The time the trainee spends in the field should also undergo a change over time. At first his time should be spent as a non-participant observer; gradually this role should allow more and more participation on his part so that toward the finish of the training period he is performing the work with the trainer acting as the non-participant.

One mistake which is made in many training programs is the assumption that those people who are most familiar with a particular job will make effective trainers; following this assumption blindly can have dire results. Training itself is a highly specialized field and deserves the time and effort of selecting qualified people to serve as trainers; the best of programs can be destroyed by the people working in them. It serves no worthwhile purpose, therefore, to follow a model such as the one presented here, if the people chosen to operate it do not meet the demands and qualifications needed to make it successful.

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SUPERVISION AND EVALUATION OF PARAPROFESSIONALS

Lucinda E. Thomas

Two important aspects of an overall paraprofessional program are supervision and evaluation. The type of supervision provided, and the nature of the supervisor-supervisee relationship, are somewhat dependent upon the setting in which the paraprofessional is working. Research and evaluation may take many forms and is as diverse as the multitude of programs in which paraprofessionals may work. One need only list the variety of human service areas in which paraprofessionals are employed to understand the difficulties inherent in generalizing about supervision or evaluation. Yet there are commonalities whether the paraprofessional is providing services in a psychiatric setting, a mental health agency, a college or university, or out in the community.

Research and personal experience has strongly indicated the importance of adequate supervision for the paraprofessional. Reissman (1967) has termed these workers the "new marginal men", and they are certainly struggling for an adequate vocational self-concept. Part of this they can attain through their reference group of other paraprofessionals, with part also coming from regular and sensitive supervision. It has been proven important to work with supervisors in terms of re-defining the professional role to allow for a viable role for the paraprofessional. Without a clear understanding of the contributions that each can make, it is easy for the professional to become threatened by the paraprofessional who may well have more skills than he in a specific area.

In most agencies the model for supervision is based on a previously existing administrative structure. With the unique position the paraprofessional holds, it may be necessary to re-examine the purposes and goals of the supervisory process. Much time may be spent in supervision dealing

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with the details of the program in which the paraprofessional works. Although this may be a necessary task, perhaps of more value would be supervision aimed at enhancing the growth of the paraprofessional.

Supervision may be used as an ongoing training process in which the skills of the paraprofessional are increased, making him a more valuable employee, as well as aiding him to become a more fully functioning person. This can be achieved through the process of receiving feedback from the supervisor regarding the performance of the paraprofessional, and an exploration of the personal qualities of the individual which add or detract from the program goals. The personal growth model of supervision is successful only to the extent that there is completely open communication between professional and paraprofessional. The professional must, of course, be operating at a level somewhat higher than that of the paraprofessional in order to provide him with a growth experience.

Carkhuff (1969) feels that the essence of any human relations program is the ability of the individuals who conduct it to function effectively in the helping role. His model of the five levels of interpersonal functioning is based on the assumption that the helper is functioning at a higher level than the helpee. He states that in effective helping the helpee will ultimately be able to do everything that the helper does and at levels very close to those at which the helper is functioning. Carkhuff's conceptualizations have strong implications for a model of supervision for paraprofessionals.

An important aspect of any paraprofessional program is identification with the peer group. In addition to individual supervision, the paraprofessionals can meet regularly as a group for the purposes of supervision,

training, and evaluation. The members of the peer group can learn much from each other, and the association with the group can help the individual clarify how his role fits in the total program.

Paraprofessional evaluation is generally based on program evaluation. If a program is achieving its goals, it is assumed that the paraprofessional is functioning effectively. Gartner (1969) states that the complexity of human services programs makes evaluation difficult, and that little meaningful evaluation is done of human service programs in general. In studying the New Careers programs, Gartner suggests that evaluations should be made regarding: the effect of the program on the paraprofessional himself, the meeting of the agency's manpower needs, the impact on the agency's service program, the changes in the agency's organization, the effect on training and education for human service workers, and the effect on the community and professional workers.

Sobey (1970) in a study of NIMH programs evaluated paraprofessional services on the dimensions of:

1. contribution of nonprofessional staff to project goal achievement
2. nonprofessional contribution to improvements in service to project population
3. interaction with professional staff, both positive and negative
4. career outcomes for nonprofessionals
5. outcomes of terminated projects

She pointed out the difficulty and complexity of assessing the use of paraprofessionals due to the newness of many programs and the myriad economic and human cost factors involved.

Effectiveness of the service offered by paraprofessional is often

evaluated by: professional ratings, outcome measures (such as attainment of behavioral change goals, changes in self-concept, etc.), client reports, further program development, process evaluation, increased utilization of service. A fruitful method of evaluation is to determine what new services are added as a result of the use of paraprofessionals, and whether the services are extended or improved.

Supervision is the key to an ongoing evaluation program, in which the paraprofessional receives feedback on his performance, and in turn can give his impressions of the job and program to his supervisor. The development of the paraprofessional can be further determined by self-report measures, professional ratings, and behavioral change measures. Evaluation of the effectiveness of the paraprofessional can be made using Carkhuff's levels of interpersonal functioning.

At a time when many agencies are suffering a cutback in funds, and money for new and innovative programs is limited, the use of more paraprofessionals in the helping professions can be very important. Professionals and administrators involved in program planning should carefully assess the contribution of paraprofessionals to the program. By using ingenuity and creativity, new roles for paraprofessionals can be found and services expanded and improved. The increased use of paraprofessionals is an important step in meeting the manpower needs of the helping professions.

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THE PARAPROFESSIONAL - An Inside View

Kathy Kelly

What is it like to be a paraprofessional? That's a rather difficult question to answer, as the things a paraprofessional does are as varied as the number of positions held by them. Sometimes we do professional things and sometimes just simple clerical tasks. These ideas will be elaborated upon later in this paper.

There really is no clear cut definition of what a paraprofessional is or what one does. Each job has it's individual demands; therefore, the supervisor and the paraprofessional must work closely together organizing things to be done. A good working relationship between the supervisor and his paraprofessional is very important. A minimum of one hour a week for the two of them to discuss projects, what should be done, and to just generally rap about their relationship is extremely necessary. It is a great assistance to the paraprofessional if his supervisor will, at the beginning of each week, write a list of what should be done. This saves both of them time and effort otherwise spent trying to get organized. If there are two paraprofessionals working under one supervisor, the situation becomes somewhat more complicated. In this case, not only must the paraprofessional get along with his supervisor, but also with his fellow paraprofessionals. Under these circumstances, it becomes necessary for all three of them to spend at least one hour a week together and for each paraprofessional to spend an additional hour alone with the supervisor. I have found supervision time extremely important, particularly for bringing personal disagreements into the open and discussion of current projects. I can't stress enough the necessity of a good level of communication in this particular area.

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Paraprofessionals in the past have probably been used with the greatest frequency within mental health facilities. An extensive program using paraprofessionals as mental health workers is being carried out today at Metropolitan State College in Denver. In another context, paraprofessionals have also been utilized with success in counseling and social work programs (Carletti, 1964; Halzberg, 1964; Kraft, 1965; Umbarger, et. al., 1962). However, the concept of using paraprofessionals in a university community is still fairly new and not very extensively used yet. In one of the earlier studies (Zunker and Brown, 1966) utilizing student paraprofessionals in a college, students counseled freshmen in a counseling program rated the program higher than did the freshmen counseled by professionals. This study points out the potential for paraprofessional programs in university settings if someone organizes them.

One can see from the above studies that the concept of a paraprofessional is not a very cut and dried one. At Colorado State University our jobs are almost all different. To give you an idea of the different things we do, I will briefly describe some of the positions held by paraprofessionals on our campus. We have student paraprofessionals who counsel other students wishing to drop out of school. One paraprofessional handles almost completely the leaderless group encounter tape program sponsored by the University Counseling Center. Another one works with the Life Planning Team in conducting Life Planning Workshops, a structured vocational and life goal one-day workshop. Others are doing research in direct conjunction with their professional supervisors. There are two paraprofessionals working with the Minority Relations Team, one of which is myself. Since this is the particular position with which I am most familiar, I will use it as an example of the types of things paraprofessionals actually do.

My job runs the gamut of tasks from clerical to semi-professional. On the clerical end, I do things such as collate papers and make business calls for my supervisor. I do some "public-relation" types of things such as talking with students, faculty, and members of the community at large about our various programs. I do quite a bit of organizational work such as setting up awareness groups, usually consisting of simulation games, movies and discussions, and contacting people to be involved in activities we are sponsoring. Currently, I am working on written evaluations of several of our programs. In a more professional tone, through my experiences with my job and with psychology, I have developed some group techniques which I quite frequently am able to put to use. This summer I will be the student coordinator for a Police Awareness Symposium we are holding for the Fort Collins Police Department.

Being a paraprofessional also actively involves me in decision making concerning some of our programs. My supervisor and I are currently working on a one year model for the programs we now utilize and conceptualization of some new ones. I hope this makes it easier to understand why it is so hard to define what a paraprofessional is and does.

My knowledge of various aspects of psychology has helped me tremendously in my job and in working with people. I have already mentioned my development group techniques. I acquired this mostly through being a group participant myself and working in close contact with many professional people. I am becoming convinced that if a person's behavior is modified, an attitude change will follow, especially in the area of racial awareness. I have seen that if a person modifies his behavior concerning an ethnic group such as talking to them when he never has, an attitude change will follow

in most cases.

The question has been raised by some people as to the acceptance of students working in a semi-professional capacity by other students. I feel, in many instances, students are more willing to listen to their fellow students than to some professionals. The students often have had more time and opportunity to become well informed about their position than have some of the professionals with their tight schedules. In my experience and that of the other paraprofessionals, students have been very well accepted by both other students and the various departments who are using paraprofessionals. There has been quite a lot of support at CSU concerning the whole program.

Being a paraprofessional has been a very rewarding and satisfying experience. I have developed new skills and many worthwhile relationships. It's a good feeling to know you have a say in what goes on within the university and the community at large. My job has its ups and downs as does any position, but I feel I have gained much I will utilize later, both in my professional and in my personal life.

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